

QUINOLONES PA SUMMARY

PREFERRED	Ciprofloxacin (generic), Ofloxacin (generic), Cipro XR, Avelox, Avelox ABC Pack, Levaquin, Cipro Suspension
NON-PREFERRED	All branded Quinolones with generics available, Tequin, Noroxin, Maxaquin, Factive

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 60 days.
- ❖ If no preferred agents in profile, physician should submit documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 1 medication in each of the following chemical groups: 1) Ciprofloxacin, Cipro XR, Cipro Suspension, Cipro IV; 2) Avelox, Avelox ABC; 3) Levaquin; 4) Ofloxacin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage, including initiation of therapy with a non-preferred agent during hospitalization, are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).